

**LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration**

Quality Improvement Committee Meeting

Luann Rollens and Kimber Salvaggio, Co-Chairs

**May 21, 2009
San Fernando Mental Health Center
9:00am-11:00am**

Agenda

Welcome & Introductions/Announcements	Kimber Salvaggio
Review of Minutes	All
Review of Handouts	All
Focus Group	
Chirp	
Disclosure of PHI from County Counsel	
Accepting Subpoenas	
Presentation by the Auditor-Controller	AC Staff

Next Meeting: July 16, 2009

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Service Area II Adult Program Quality Improvement Committee

MINUTES – TUESDAY, May 21, 2009

Facilitator – Kimber Salvaggio

Present

Deborah Evans – Child & Family Center
 Deborah Foulks – DMH UCSP
 Denise Greenspan - Hillview
 Dominique Eugene - PACS
 Dora Escalante - JFS
 Gail Herrick – DMH UCSP
 Hector Garcia – DMH
 Hosun Kwon – APCTC
 James Coomes – DMH - UCSP
 Julie Jones – Hillview
 Ken Bachrach - Tarzana Tx Ctr
 Laura Balverde – El Dorado
 Lisa Delmas - Child & Family Center
 Luann Rollens - ECDA
 Marina Geozalyan – Verdugo MHC
 Michele Renfrow – DMH
 Michelle Logvinsky – Topanga West
 Penny Greenblatt - JFS
 Sabrina Barcheski – Santa Clarita Valley MHC
 Siranush Grigorian – West Valley MHC
 Wendi Tovey – San Fernando MHC

Absent

Angela Kahn - SFVCMHC, Inc
 Cheryl Driscoll - Hillview
 Darrell Scholte – DMH
 Elizabeth Bower – West Valley MHC
 Emma Caparros – DMH SFMHC
 Fatemeh Safavi - DMH
 Irina Ovakimian – DMH SFMHC
 Jim Randall – DMH O & E
 Leslie DiMascio – SFVCMHC, Inc
 Marilou Joguilon – DMH Program Review
 Marina Martin – DMH UCSP
 Melanie Coleman – Tarzana Tx Ctr

Other(s)

Courtney Stevens – The Help Group
 Sally Ng – DMH SA 2 Navigation Team
 Sakeda Day, LCSW – Dept. of Auditor
 Controller
 Nina Johnson, MFT - Dept. of Auditor
 Controller

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
Welcome & Introductions/Announcements	No announcements	None

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
Review of Minutes	Due to guest speaker and time constraints will table adoption of mtg minutes from 1/09 until July mtg	Review in July, 2009
Review of Handouts	Focus Group Chirp Disclosure of PHI from County Counsel Accepting Subpoenas	QIC members will distribute to their respective clinics
Presentation by the Auditor-Controller	Please see attached outline of presentation	None

Submitted by: Kimber Salvaggio



DMH CONTRACT COMPLIANCE TRAINING

for

DMH STAFF & CONTRACT PROVIDERS

Presented by:

**DEPARTMENT OF AUDITOR-CONTROLLER
COUNTYWIDE CONTRACT MONITORING DIVISION**

Introduction and Background

- ◆ *Board of Supervisors Mandate (April 2003)*
- ◆ *Auditor-Controller & DMH Partnership*
- ◆ *Accomplishments:*
 - Contract Compliance Reviews
 - Recommendations to DMH Management
 - Training to DMH Staff and Contract Providers
 - Assist DMH With Performance Based Contracting

Contract Compliance Review Process

- ◆ *Inform Contractor of Review*
- ◆ *Provide List of Clients*
- ◆ *Meet and Begin Review*
- ◆ *Ongoing Communication During Review*
- ◆ *Meet and Discuss Preliminary Field Work Results*
- ◆ *Meet and Discuss Field Work Results*
- ◆ *Provide Draft Report*
- ◆ *Obtain Formal Response from Contractor*
- ◆ *Issue Final Report*

Common Findings/Expectations Billed Services

• Medical Necessity

- Assessment / Annual Assessment Update
 - Symptoms and Behaviors Support the Diagnosis
- Client Care Plan
 - Goals Specific and Measurable
 - Goals Address Diagnosis/Presenting Problem/Impairment
 - Client Signature

Common Findings/Expectations Billed Services

• Progress Notes with Multiple Staff:

- Must Describe Each Staff's Contribution
- When Two Staff Provide Different Service two notes should be written
- Must Indicate Each Staff's Time & Initials

Common Findings/Expectations Billed Services

• Progress Notes for MHS:

- Attempted / Accomplished Towards Goals

Common Findings/Expectations Billed Services

● *Progress Notes for TCMS:*

- Placement, Consultation, Linkage, Plan Development

Common Findings/Expectations Billed Services

● *Progress Notes for Medication Support Services*

- Prescribing, Administering, Dispensing, Monitoring
- Side Effects, Compliance, Response to Meds
- Informed Consent
- Court Authorization, when required

Common Findings/Expectations Billed Services

● *Day Rehab/Day Treatment Intensive*

- Full-time program must exceed four hours (excluding breaks/ lunch/ dinner/ transportation)
- Weekly summary, sign-in sheet corroborate client's presence 50% of time
- Daily Progress Notes required for Day Treatment Intensive

Common Findings/Expectations Staff Ratios

• Day Rehabilitation / Day Treatment Intensive

- Only QMHP Staff Can Be Included in the Ratio Calculation
- Staff From at Least Two Different Disciplines When More Than 12 Program Participants (Applies to Day Treatment Intensive Program Only)
- Must Maintain A Clear Audit Trail.

Common Findings/Expectations Billed Services

• Community Residential Treatment Programs (Crisis, Transitional, Long-term)

- Assessment Completed Upon Admission (CCR Title 9, §510.2)
- May Not Bill on Discharge Date

Common Findings/Expectations Staff Ratios

• Residential Treatment Programs

- Staff Included In Ratio Calculation Must Have At Least A High School Diploma And One Year Full-time Equivalent Mental Health Experience
- Two Staff At All Times for Adult Crisis Residential
- One Staff At All Times for Adult Transitional and Long-Term Residential
- Must Maintain A Clear Audit Trail.

Common Findings/Expectations
Staff Qualifications

No Significant Problems Noted In This Area

Common Findings/Expectations
Service Levels

- Must Obtain Written Authorization From DMH
Prior To Deviating From Contracted Services
 - Significant Variances Within Service Categories
 - Substantial Deviation of Services Is 30%

WRAP-UP

Common Findings/Expectations
Staff Qualifications

No Significant Problems Noted In This Area

Common Findings/Expectations
Service Levels

- Must Obtain Written Authorization From DMH
Prior To Deviating From Contracted Services
 - Significant Variances Within Service Categories
 - Substantial Deviation of Services Is 30%

No longer look'g at this

WRAP-UP

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Service Area II Adult Program Quality Improvement Committee

MINUTES – January 15, 2009

Facilitator – Kimber Salvaggio

<p><u>Present</u> Deborah Foulks – DMH UCSP Denise Greenspan - Hillview Dominique Eugene - PACS Dora Escalante - JFS Emma Caparros – DMH SFMHC Gail Herrick – DMH UCSP Irina Ovakinian – DMH SFMHC Laura Balverde – El Dorado Leslie DiMascio – SFVCMHC, Inc Luann Rollens - ECDA Marina Martin – DMH UCSP Michelle Logvinsky – Topanga West</p>	<p><u>Absent</u> Angela Kahn Cheryl Driscoll Deborah Evans Elizabeth Bower Jim Randall Julie Jones Marilou Joguilon Marina Geozalyan Melanie Coleman Penny Greenblatt</p>	<p><u>Other(s)</u> Fatemeh Safavi - DMH Darrell Scholte – DMH Hector Garcia – DMH Michele Renfrow – DMH Hosun Kwon – APCTC Julie Powers – Mission Community Hospital</p>
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SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
<u>RC II PIP</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> ▪ 3 PIPs currently <ul style="list-style-type: none"> ○ EPSDT ○ Patient's Rights Provider Logs ○ RC II cohort PIP regarding hospitalizations 	NA
<u>Provider Log</u> (Luanne Rollens)	<p><u>Provider Log</u> (Luanne Rollens)</p> <ul style="list-style-type: none"> ▪ Discussed Policy and Procedures <ul style="list-style-type: none"> ○ Required to be submitted monthly by providers ▪ Discussed Provider Changes <ul style="list-style-type: none"> ○ Denials 	Will invite Pt's Rights to the next EPC mtg to educate the Exec. e Providers re; the provider logs and to answer questions that came from this discussion.

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
<p><u>Website Information Link</u> <u>Sheet</u> (Kimber Salvaggio)</p>	<ul style="list-style-type: none"> ▪ Question by Leslie DiMascio (SFVCMHC, Inc.) <ul style="list-style-type: none"> ○ Do Change of Provider forms need to be submitted if the client is changed to a different provider number within the same clinic/center? <ul style="list-style-type: none"> ▪ Answer: Yes. The form must be sent to Patient's Rights ▪ Question by Michelle Logvinsky (Topanga West Guest Home) <ul style="list-style-type: none"> ○ If a clinic/center is not on the provider list, does the Change of Provider still need to be sent? <ul style="list-style-type: none"> ▪ Answer: Yes ▪ Question by Ken Bachrach (Tarzana Treatment Centers) <ul style="list-style-type: none"> ○ Forms that are to be sent to Kimber, should they be sent via Fax or Email? <ul style="list-style-type: none"> ▪ Answer: Fax ▪ Question by Michelle Logvinsky <ul style="list-style-type: none"> ○ Should previously unsent reports be sent now? <ul style="list-style-type: none"> ▪ Answer: No ▪ Question by Ken Bachrach <ul style="list-style-type: none"> ○ Is it possible to send 1 form as opposed to several, stating that there were no changes with all the reporting units at one clinic/center? <ul style="list-style-type: none"> ▪ Answer: To be followed up on ▪ Question by Luanne Rollens <ul style="list-style-type: none"> ○ What fax number and to whom should the aforementioned faxes be sent? <ul style="list-style-type: none"> ▪ Answer: To be followed up on ▪ Change of Diagnosis Form on-line ▪ Other informational sites 	<p>Contracted and DO clinics to begin using forms ASAP</p>

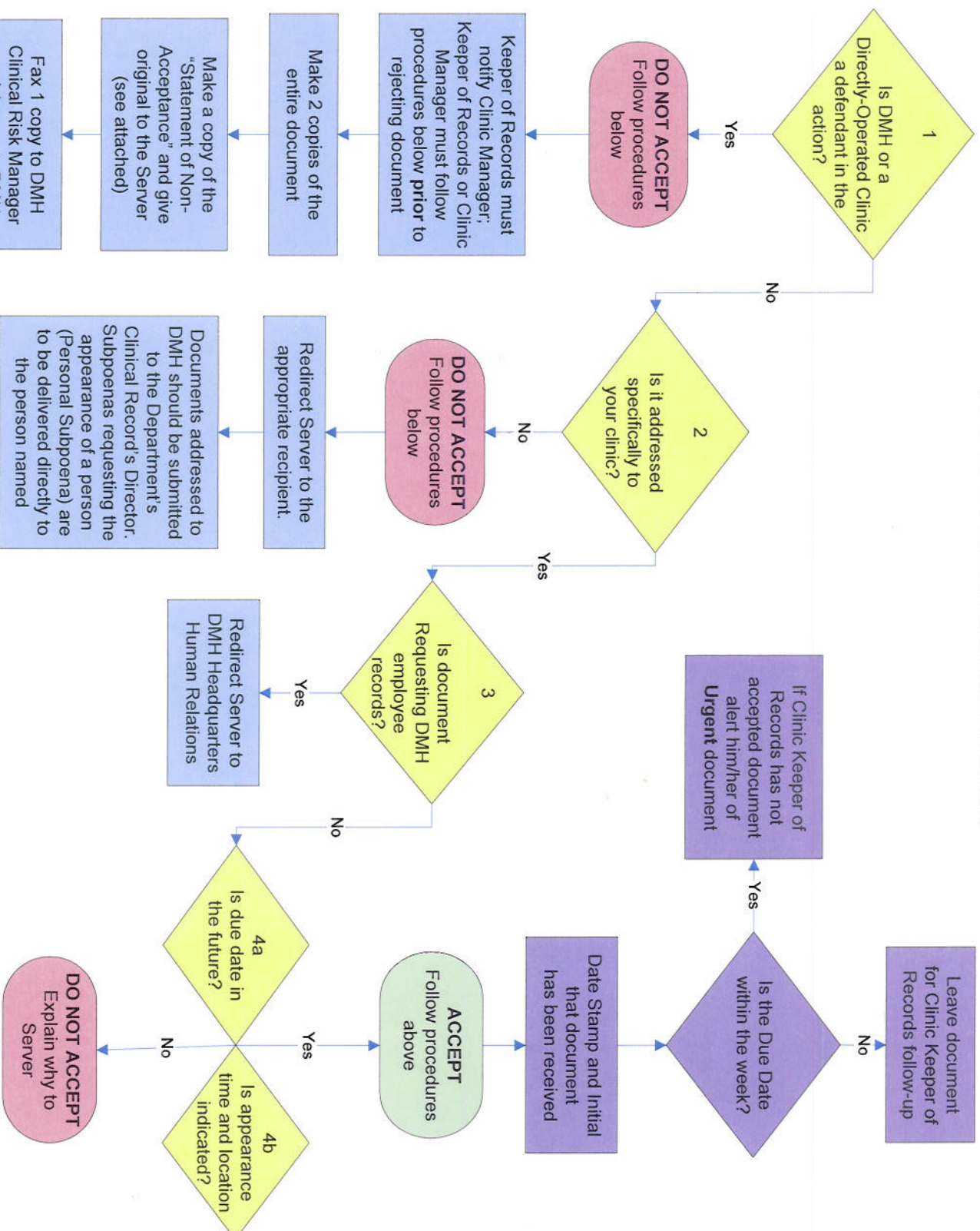
SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
<u>Pending Trainings</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> ▪ CCCP ▪ COD 	TBA
<u>Client Care Coordination Plan</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> ▪ To be presented at the March QIC meeting <ul style="list-style-type: none"> ○ MHS objectives will be annual. 	NA
<u>Quality Assurance Bulletin 08-05</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> • Encouraged all agencies to be conducting Quality Assurance 	NA
<u>Quality Assurance Bulletin 08-03</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> ▪ Targeted Case Management Bulletin <ul style="list-style-type: none"> ○ Be sure to read and incorporate. 	NA
<u>Claiming for Services</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> ▪ Previously discussed at the Program Manager's Meeting ▪ Explanation of codes. ▪ A request was made that this document be forwarded to everyone 	NA
<u>Survey Response Sheet</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> • Some of the numbers are incorrect ▪ 2008 surveys will be used as a baseline. Do not worry about the errors ▪ Survey period will likely decrease to once per year 	Notify Kimber or Vivian of any errors
<u>Electronic Signature Sheet and CCHIT Sheet</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> ▪ Electronic signatures <ul style="list-style-type: none"> ○ Vendor and agency sign-off 	See State Letter

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
<u>Change of Diagnosis Forms</u> (Kimber Salvaggio)	<ul style="list-style-type: none"> ▪ Question by Denise Greenspan (Hillview MHC) <ul style="list-style-type: none"> ○ Should all Axis be filled out or just the diagnosis that have changed? <ul style="list-style-type: none"> ▪ Answer: Will follow-up ▪ Providers are not required to use it until everyone is trained on it. ▪ Required forms for directly/contracted agencies were discussed ▪ The Adult Initial Assessment will be presented soon <p>Point made by Ken Bacrach that MH633 should read "5oz. or Wine or 1.5oz. of Hard Liquor"</p>	<p>Advised group to fill out the form completely</p>
<u>COD Forms</u> (Kimber Salvaggio)		

Respectfully submitted,

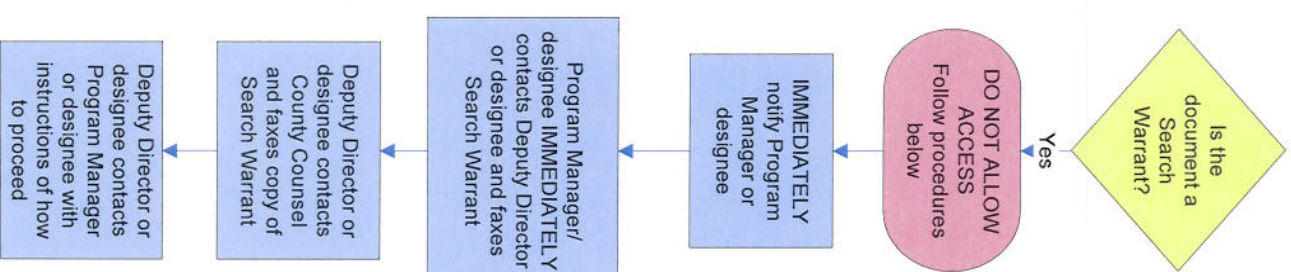

Kimber Salvaggio

ACCEPTING SUBPOENAS, DEPOSITION SUBPOENAS, AND COURT ORDERS (referred to as documents in this Flowchart)



U:S&QA:Clinical Records Guidelines:
Subpoena Acceptance for Clinics

SEARCH WARRANTS



LAC-DMH/PATIENTS' RIGHTS OFFICE

Providers' Focus Group

CHANGE OF PROVIDER FORM

Where:

550 S. Vermont
3rd Floor Conf. Rm.
Los Angeles, CA 90020

When:

May 27, 2009
2:00 - 4:00 pm

Contact Information:

Jeff Kohn
Sylvia Guerrero

LAC-DMH/ PATIENTS' RIGHTS

Patients' Rights Office
550 S. Vermont Av.
Room 608
Los Angeles, CA 90020

Phone: 213-738-2524

Fax: 213-365-2481

E-mail: jkohn@dmh.lacounty.gov



The Patients' Rights Office would like your feedback.

The Request For Change of Provider Form, a form used in a required policy, needs revision. The Patients' Rights Office has drafted a revised form that is designed to:

- Better serve clients
- Simplify the process for clients and staff
- Allow for improved tracking of data
- Allow for better feedback to providers

Please join us in this Focus Group to discuss this revised form, and add your feedback to the development of an improved procedure.



Comprehensive Housing Information & Referrals for People Living with HIV/AIDS.

CHIRP/LA proudly presents FREE Community Voice Mail

Do you need a FREE Voice Mail Number?

CHIRP/LA and Community Voice Mail have partnered up to offer you a **FREE** Voice Mail service. This service will allow you to **ACHIEVE YOUR GOALS** for Housing and Employment. **STAY CONNECTED** to your Healthcare Provider, Case Managers, Friends and Family. Easy to use, Confidential, Personalized and Professional.

For more information, please contact CHIRP/LA directly via telephone 323-461-2477 OR via email @ info@chirp.org

323.461.2477 | 323.461.2476 fax | 1546 Argyle Avenue, Hollywood, CA 90028 | info@chirpla.org | www.chirpla.org





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June 12, 2003

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TO: DEPARTMENT OF MENTAL HEALTH
SHORT DOYLE CONTRACT PROVIDERS

FROM: RICHARD K. MASON
Principal Deputy County Counsel
Public Services Division

RE: Disclosure of Protected Health Information for Treatment Purposes

The Health Insurance Portability and Accountability Act ("HIPAA") Privacy Regulations, which apply to covered health care providers (as well as health plans and health care clearinghouses), protect the privacy of individually identifiable health information, or Protected Health Information ("PHI"). The HIPAA Privacy Regulations provide that covered health care providers may use or disclose PHI for treatment, payment and health care operations purposes without individual's authorization.

The HIPAA Privacy Regulations broadly define "treatment" to include consultation and referrals, as well as "the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party."¹ A covered health care provider may use or disclose PHI for its own treatment purposes, or for treatment activities of another health care provider.² In addition, a health care provider working with a third party can share PHI for treatment purposes.³ For example, the HIPAA Privacy Rule's broad definition of "treatment" allows a health care provider to offer or coordinate social, rehabilitative, or other services that are associated with the provision of health care.⁴

¹ 45 C.F.R. § 164.501.

² 45 C.F.R. § 164.506(c), (1)-(2).

³ *Standards for Privacy of Individually Identifiable Health Information*, 65 Fed.Reg. 82497, 82626 (December 28, 2000).

⁴ 65 Fed. Reg. at 82628.